

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/23/2012
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|--|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G044 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R 04/13/2012 | |
| NAME OF PROVIDER OR SUPPLIER OPPORTUNITY ENTERPRISES INC | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 6381 LUTE RD PORTAGE, IN 46368 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| {W 000} | <p>INITIAL COMMENTS</p> <p>This visit was for a post certification revisit to the fundamental annual recertification and state licensure survey conducted on February 10, 2012.</p> <p>This visit was done in conjunction with the post certification revisit to the investigation of complaint #IN00104501.</p> <p>Dates of Survey: April 11, 12 and 13, 2012.</p> <p>Facility number: 000600 Provider number: 15G044 AIM number: 100233500</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>Opportunity Enterprises Inc., was found to be in compliance with 42 CFR, part 483, subpart I, and 460 IAC 9 in regard to the post certification revisit to the recertification and state licensure survey. Quality Review completed 4/20/12 by Ruth Shackelford, Medical Surveyor III.</p> | | | {W 000} | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.